

TRAVEL EXPENSE CLAIM

See Instructions and Privacy
Statement on Reverse Side

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STD 262 (REV. 10/92)

CLAIMANT'S NAME COLLEEN RIPCHICK			SSAN OR EMPLOYEE NUMBER			DEPARTMENT GOVERNOR'S OFFICE		
POSITION DEPUTY COMMUNICATIONS DIR			CB/D NUMBER			DIVISION OR BUREAU COMMUNICATIONS		
RESIDENCE ADDRESS			HEADQUARTERS ADDRESS STATE CAPITOL			TELEPHONE NUMBER		
CITY STATE ZIP			CITY STATE ZIP			CITY STATE ZIP		
SACRAMENTO			CA			95814		

MONTH/YEAR		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	COST OF TRANS.	TYPE USED	TRANSPORTATION		BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
DATE	TIME			BREAKFAST	LUNCH	DINNER				CARFARE, TOLLS, PARKING	PRIVATE CAR USE MILES AMOUNT		
23-Feb	6AM	SAC-BURBANK	125.46	4.11	9.46	4.44		317.40	AIR		0.00		460.87
24-Feb	7PM	BURBANK-SAC					6.00			40.00	0.00		46.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
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											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
SUBTOTALS			125.46	4.11	9.46	4.44	6.00	317.40	0.00	40.00	0	0.00	0.00
COLUMN CODE (ACCTG. USE ONLY)													
CLAIM TOTAL													\$506.87

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required) STAFF OBESITY SUMMIT 2010		NORMAL WORK HOURS	
		PRIVATE VEHICLE LICENSE NUMBER	
		MILEAGE RATE CLAIMED 0.445	
I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and mileage.		AGENCY ACCOUNTING OFFICE USE ONLY	
		PAID BY REVOLVING FUND CHECK NUMBER 240923	
CLAIMANT'S SIGNATURE	DATE 3/2/10	SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE
SIGNATURE OF TITLE OF AUTHORITY FOR SPECIAL EXPENSES		DATE 3/3/10	